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Executive Commissioner

Coronavirus

Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID) Frequently Asked Questions

On March 13, 2020, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic. Per Governor Abbott's March 19, 2020, Executive Orders, ICF/IID providers must prohibit all visitors who are not providing critical assistance given the significant health and safety risk to vulnerable individuals posed by COVID-19.

The Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all ICF/IIDs via this regularly updated Frequently Asked Questions (FAQs) document.

With each update, information will be arranged by date, and if guidance changes from previous FAQs, it will be noted in red font. Questions regarding these FAQs can be directed to Long-term Care Regulatory Policy, Rules & Training at PolicyRulesTraining@hhsc.state.tx.us.

April 12-18, 2020

Where can I get my COVID-19 Medicaid questions answered?

<u>Answer</u>: For managed care questions, please email <u>MCO_COVID-19_Inquiries@hhsc.state.tx.us</u>. Questions related to Medicaid, billing, and extended leave, please email <u>Medicaid_COVID_Questions@hhsc.state.tx.us</u> or <u>ICFIID.Questions@hhsc.state.tx.us</u>.

How do ICFs/IID get personal protective equipment (PPE)?

<u>Answer</u>: Providers should work with their local health departments or DSHS if they need PPE:

- Public Health Region
 https://www.dshs.state.tx.us/regions/default.shtm
- Local Public Health Organizations
 https://www.dshs.state.tx.us/regions/lhds.shtm
- Department of State Health Services
 https://www.dshs.state.tx.us/coronavirus/healthprof.aspx

Should providers keep staff from working in an ICF or HCS group home who have reported working at another facility/facilities with active COVID-19?

<u>Answer</u>: Per the <u>Governor's Executive Orders issued 04/17/2020</u>, providers should minimize the movement of staff between facilities whenever possible. The guidance applies to all facilities, not just those with a positive case of COVID-19.

If the answer is yes, how is a provider supposed to get the information about facilities with positive COVID cases?

<u>Answer</u>: The ICF COVID-19 Response Plan advises providers to keep a list of staff who work in other facilities and to require staff to report via phone before they show up to work if they have been exposed or have symptoms. In addition, when a facility reports a positive case with their staff, HHSC regulatory staff will perform a call-down to all other facilities in the county to inform them.

If a resident leaves for more than three days, can the provider charge a bed-hold fee?

<u>Answer</u>: Yes. Per <u>state rule</u>, an ICF provider can accept payment from the individual or another person to hold that individual's residential placement in the facility if a written contract – signed and dated by the program provider and the individual or the other person – is executed prior to each granted leave waiver. This contract must specify:

- the amount the individual or other person agrees to pay the program provider to hold the residential placement, which cannot exceed the department's rate of reimbursement for the individual's level of need (LON) on the effective date the waiver was granted;
- the period of time for which the individual's residential placement will be held by the program provider;
- that the program provider is not obligated to hold the individual's residential placement after the documented period of time for which the individual's residential placement in the facility was to be held; and
- agreement by the program provider that the individual or other person may terminate the contract immediately upon written notice to the provider.

If there is a fire or an emergency medical situation, do emergency responders need to be screened before entering a ICF/IID?

<u>Answer</u>: The required screenings do not apply to emergency services personnel entering the facility in an emergency such as a fire or a resident requiring lifesaving actions. See <u>PL 20-18</u>.

If an ICF resident tests positive, how do we handle staff and resident quarantines?

<u>Answer</u>: When a *resident* tests positive for COVID-19, the individual should be isolated, and transmission-based precautions should be implemented per CDC

guidelines. The facility should also implement protocols for using dedicated staff to provide care.

Additionally, if there are COVID-19 cases in a facility, residents *not* showing symptoms and those who have tested negative for COVID-19 should be restricted to their rooms (to the extent possible) except for medically necessary purposes. If they leave their room, residents should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others). See full details on the <u>CDC's website</u>.

For *staff* who test positive, providers need to determine the level of staff exposure (risk) and follow the <u>CDC's guidance</u>. If it is determined that staff have been exposed to an individual who tests positive, the facility should take the following actions based on CDC guidance:

- Staff in the <u>high- or medium-risk category</u> should undergo active monitoring, including restriction from work in any health-care setting until 14 days after their last exposure.
- Staff in the <u>low-risk category</u> should perform self-monitoring with delegated supervision until 14 days after the last potential exposure.
- Staff who adhere to all recommended infection prevention and control practices should still perform self-monitoring with delegated supervision as described under the low-risk exposure category.
- Staff in the <u>no identifiable risk category</u> do not require monitoring or restriction from work.
- Staff who have a <u>community</u> or <u>travel-associated</u> exposure should undergo monitoring as defined by the applicable risk category.

Can we have group games for residents if they are more than 6 feet apart?

<u>Answer</u>: CMS, CDC and HHSC recommend that all group activities be cancelled. See CMS QSO 20-23, CDC guidance for long-term care facilities, and HHSC PL 20-18.

Can ICFs still have volunteers?

<u>Answer</u>: No. Per Governor Abbott's March 19, and April 17, 2020 executive orders, access to ICFs/IID is limited to people providing critical assistance, and all of these essential visitors must be screened. See <u>Governor Abbott's Executive Orders</u>.

Can we make exceptions to the visitation restrictions when it's emotionally hard for family members to not visit?

<u>Answer</u>: No. Per Governor Abbott's March 19 and April 17 executive orders, CMS, HHSC, and CDC guidance, only people providing critical assistance should be allowed in the facility. ICFs/IID should offer alternate means of communication during this time of limited visitation, such as phone calls, video calls, or other

means of electronic communication. See <u>Governor Abbott's Executive Orders</u>, CMS <u>QSO 20-23</u>, HHSC <u>PL 20-18</u> and <u>CDC quidance</u>.

Do ICFs need to call ahead to the hospital if they are bringing a resident with respiratory symptoms.

<u>Answer</u>: Yes. ICFs/IID should work closely with their hospital providers and local health authorities and share information to assist in the protection of health care workers and hospital patients.

In homes where 13 individuals live together in an ICF, how do you propose we limit dining and active treatment to only 10 people?

<u>Answer:</u> CMS, CDC, and HHSC recommend cancelling all group activities and communal dining. When possible, meals should be taken to residents in their rooms, and activities should be done in resident rooms as well. However, for specific residents who require staff supervision and who do not have an active or suspected case of COVID-19, facilities can use dining rooms for feeding assistance purposes. All social distancing and infection prevention practices should be followed in the dining room. See CMS <u>QSO 20-23</u>, CDC <u>guidance for long-term care facilities</u>, and HHSC <u>PL 20-18</u>.

Should we report any confirmed case for staff who do not work in a home and has had no contact with residents or home staff?

<u>Answer:</u> Yes. Providers must report every confirmed case of COVID-19 in staff and residents to their local health department or DSHS (if there is not a local health department). This includes staff who do not work in the home and have had no contact with residents. Additionally, providers must report every confirmed case of COVID-19 in staff and residents as a self-reported incident to HHSC. You can notify HHSC through <u>TULIP</u> or by calling Complaint and Incident Intake (CII) at 1-800-458-9858.

When going for a drive in a 15-passenger van to get the clients out of the facility, do we only take three to four people at a time so they sit on a seat by themselves, or can there be more than one person per seat during the social distancing order?

<u>Answer:</u> Providers must ensure they are complying with local and statewide stay at home orders and should follow CMS, CDC, and HHSC recommendations to cancel all group activities, including taking residents for a drive. See CMS <u>QSO 20-23</u>, CDC <u>guidance for long-term care facilities</u>, and HHSC <u>PL 20-18</u>.

Should facilities accept new individuals at this time?

<u>Answer:</u> Yes. Facilities can accept new individuals at this time. However, a new admission or readmission of a resident whose COVID-19 status is unknown must be

monitored for 14 days, and the ICF must have a plan to keep the newly admitted or readmitted resident separate from other residents in the home.

Because an individual can be asymptomatic (showing no symptoms) or presymptomatic (symptoms haven't shown up yet), the <u>CDC recommends</u> that all long-term care facilities have a plan for managing new admissions or readmissions of residents whose COVID-19 status is unknown.

Can a nurse go into the home to do assessment?

<u>Answer:</u> If the nurse is providing an essential service, the nurse can enter the facility if they are <u>screened</u> and follow the appropriate <u>CDC guidelines</u> for transmission-based precautions. The nurse also should follow <u>DSHS guidance</u> for wearing appropriate PPE.

Will ICF surveyors be surveying now since they are visitors to the facility? How will regulatory ensure a surveyor who has been onsite at a facility with positive COVID cases does not enter another facility to complete an investigation?

<u>Answer:</u> A surveyor is an essential visitor providing critical assistance and has the legal authority to enter a facility for a survey or investigation. CMS and state survey agencies are constantly evaluating their surveyors and ensuring they have the required PPE so they don't pose a transmission risk when entering a facility. However, there are circumstances under which surveyors should still not enter, such as if they have a fever or any additional signs or symptoms of illness.

When can staff return to work if they have tested positive?

<u>Answer:</u> After being diagnosed with COVID-19, an employee can return to work per CDC quidance after they have recovered.

After the employee returns to work, both the provider and the employee must take all necessary measures to ensure the safety of everyone in the facility, including wearing a facemask at all times while in the facility; being restricted from contact with patients who have a weakened immune system; and adhering to all infection control procedures, including hand hygiene, respiratory hygiene, and cough etiquette.

Note: If the employee was diagnosed with a different illness (e.g., influenza) and was never tested for COVID-19, base their return to work on the criteria associated with that diagnosis.

Where do ICF/IID providers go for COVID-19 information?

Answer: Reliable sources of information include:

- The <u>Centers for Disease Control and Prevention COVID-19</u> website and the <u>Long-term Care Facility Preparing for COVID-19</u> webpage
- The <u>Centers for Medicare and Medicaid Services COVID-19</u> website and the <u>OSO 20-23</u> webpage
- The <u>Texas Department of State Health Services COVID-19</u> website.
- The <u>Health and Human Services Commission COVID-19</u> webpage and the <u>PL</u>
 20-18 webpage
- Governor Abbott's Executive Orders